

Nevada Commission on Ethics
FINANCIAL DISCLOSURE STATEMENT
 (attach additional sheets if necessary)

2003 FEB 18

RECEIVED
CITY CL

name Janet Moncrief telephone [REDACTED]
 address [REDACTED] city, state, zip Las Vegas, NV 89146
 length of residence in Nevada 13 years district where registered to vote Ward 1 NRS 281.571, Subsection 1(a)

List all public offices for which this financial disclosure statement is required [NRS 281.571, Subsection 1(g)]:

public office	annual compensation	term or date appointed	annual (3/31) NRS 281.571(d)	candidate NRS 281.571(d)	NEW appointment NRS 281.571(d)	leaving office NRS 281.571(d)
N/A			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

List all general sources of income for you and members of your household over 18 [NRS 281.571, Subsection 1(b)]:

	self	household member
University Medical Center	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Colorvision Co.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Trinidad Surgery Center	<input checked="" type="checkbox"/>	<input type="checkbox"/>

List each creditor to whom you or a member of your household owes \$5,000 or more [except (1) debt secured by mortgage or deed of trust on real property which is not required to be listed below, and (2) debt for which a security interest in a motor vehicle for personal use was retained by seller] [NRS 281.571, Subsection 1(c)]:

	self	household member
N/A	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>

List each business entity (i.e., organization or enterprise operated for economic gain, including a proprietorship, partnership, firm, business, trust, joint venture, syndicate, corporation or association) with which you or a member of your household is involved as a trustee, beneficiary of a trust, director, officer, owner in whole or in part, limited or general partner, or holder of a class of stock or security representing 1% or more of the total outstanding stock or securities issued by the business entity [NRS 281.571, Subsection 1(f)]:

	self	household member
N/A	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>

List specific location and particular use of all real estate (other than personal residence): (1) in which you or a member of your household has a legal or beneficial interest; (2) the fair market value of which is \$2,500 or more; and (3) located in this state or an adjacent state [NRS 281.571, Subsection 1(e)]:

specific location	particular use
N/A	

List the identity of donor and value of each gift of all gifts received in excess of an aggregate value of \$200 from a donor during the preceding taxable year [except (1) a gift received from a person who is related to you within the third degree of consanguinity or affinity, and (2) ceremonial gifts received for a birthday, wedding, anniversary, holiday or other ceremonial occasion if the donor does not have a substantial interest in your legislative, administrative, judicial or political action] [NRS 281.571, Subsection 1(e)]:

donor	value of gift
N/A	

I AFFIRM THAT ALL INFORMATION HEREIN IS ACCURATE AND COMPLETE.

Date: 2/13/03

Signature: Janet Moncrief